

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048068

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

6506

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED DEC 19 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay
6 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE JACKSON

b. COUNTY MISSOURI

c. CITY OR TOWN INDEPENDENCE

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Gen. Hosp. & Med. Center

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
9712 WESTPORT RD.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Martha

Middle Jane

Last Hupp

4. DATE OF DEATH

Month 11 - Day 28 - Year 1963

5. SEX female

6. COLOR OR RACE cauc.

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 1-23-1882

9. AGE (last birthday) 81

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY
AT HOME

11. BIRTHPLACE (City and state or country)
HUNTINGTON, INDIANA

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

HOCKENSMITH

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

PHILLIP HUPP

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT Address
GLENN DAVIS SUN CITY, ARIZONA

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Renal Failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-16-63 to 11-28-63 and last saw her alive on 11-28-63

Death occurred at 9:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2400 Cherry

22c. DATE SIGNED

12-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE 12-2-1963

23c. NAME OF CEMETERY OR CREMATORY
FLORAL HILLS

23d. LOCATION (City, town, or county) (State)
RAYTOWN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS
C. H. BLACKMAN & SON, INC. K. C., MO.

25. DATE RECD. BY LOCAL REG. 12-2-63

26. REGISTRAR'S SIGNATURE
Bessie Smith

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hugh Baird

Licensed Embalmer No.

4888

P. O. Address

TC 24. mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.